

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			2		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			2		1	
9			2		1	
10			2		1	
11			3		1	
12			1		1	
13			1		1	
14			2		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			2		1	
26			1		1	
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50						
TOTAL IND.			3	4	3	5
TOTAL DEP.	↔	↔	29	↔	22	↔
TOTAL CLAIMS			32	↔	25	↔

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS						